

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 266-5521

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

REQUIREMENTS FOR OBTAINING A PERMIT FOR AN AMATEUR OR PROFESSIONAL BOXING SHOW

1. Only licensed amateur or professional boxing clubs may apply for a permit to conduct a boxing show.
2. AMATEUR BOXING SHOW: A **completed** "Application for Permit to Conduct a Boxing Show" (Form #1224) must be filed with the Department at least **30 DAYS** prior to the date of the proposed show.
3. PROFESSIONAL BOXING SHOW: A **completed** "Application for Permit to Conduct a Boxing Show" (Form #1224) must be filed with the Department at least **15 CALENDAR DAYS** prior to the date of the proposed show along with the \$990 permit application fee.
4. Submit a **completed** "Application for Permit to Conduct a Boxing Show" to the Department of Regulation and Licensing, Regulation of Boxing, P.O. Box 8935, Madison, WI 53708-8935.

**UPON RECEIPT OF A COMPLETE
APPLICATION, THE DEPARTMENT WILL CONSIDER
YOUR REQUEST FOR A PERMIT TO CONDUCT A BOXING SHOW.
THE DEPARTMENT WILL GRANT OR DENY THE APPLICATION WITHIN
15 BUSINESS DAYS AFTER RECEIPT OF THE COMPLETED APPLICATION.**

For information and requirements on conducting a boxing
show, refer to the Administrative Rules.

Amateur Rules - RL 100-105, Wis. Admin. Code
Professional Rules - RL 110-116, Wis. Admin. Code

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APPLICATION FOR PERMIT TO CONDUCT A BOXING SHOW

NOTE: Applications for professional shows must include the \$990 permit fee.

NAME OF CLUB _____

ADDRESS _____

The club described above applies to conduct a boxing show as follows:

SHOW

Type: ☐ Amateur ☐ Professional

Date of Show: _____ Time of Show: _____

Location: _____

WEIGH-IN

Date of Weigh-In: _____ Time of Weigh-In: _____

Location of Weigh-In: _____

PRE-BOUT PHYSICAL EXAM

Date of Pre-Bout Exam: _____ Time of Pre-Bout Exam: _____

Location of Pre-Bout Exam: _____

BOUTS

The maximum number of bouts to be held is: _____

If this is an application for an amateur show either list the boxers in each bout or describe the method which will be used for determining the pairing of boxers. _____

APPLICATION FEES FOR PROFESSIONAL SHOWS: Make check payable to Department of Regulation and Licensing and attach to this application.

☐ \$990 Permit fee

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

PROFESSIONAL BOXERS

If this is an application for a professional show, provide the number of rounds of each bout and the name, address, and current weight of each boxer whom you intend to have on your card.

The department will only approve a boxer to participate in your show after determining that the boxer holds a federal ID card and holds or is eligible to receive a Wisconsin professional boxer license. You may substitute boxers after submitting this application by submitting a written request and the name, address, current weight, who the opponent will be, and the number of rounds the boxer will fight no later than 4:30 p.m., on the 4th business day before the show.

The club may substitute up to and including 2 additional boxers at any time before a scheduled bout, provided the boxer(s) hold a federal ID card and are licensed in Wisconsin, the boxer(s) provide an affidavit that the boxer(s) are not under suspension in Wisconsin or any other jurisdiction, and both the inspector and referee agree that permitting the boxer(s) to fight would pose no unreasonable risk or harm to the boxer(s).

[illegible]

BUILDING

The place in which the show will be conducted is:

- ☐ A building owned by the club.
- ☐ A building leased by the club. A copy of the lease is attached.
- ☐ Outdoors. A letter from the facility owner, municipality, festival committee or parks department granting approval to conduct the show is attached.

By this application the club verifies that the building meets applicable state and local building codes.

Wisconsin Department of Regulation & Licensing

RING

By this application the club certifies that the ring being used for your show meets the requirements of the regulations governing boxing.

NAME	ADDRESS (Street, City, State, Zip Code)	DAYTIME PHONE NO. ()

PHYSICIAN

Indicate the name, address and daytime telephone number of the licensed Wisconsin physician who has agreed to be assigned to your show. Physicians will be assigned by the Department.

NAME	ADDRESS (Street, City, State, Zip Code)	DAYTIME PHONE NO. ()

JUDGING

- Judges will be selected by: _____
- The method to be used for judging bouts will be:
☐ Scoring and judging according to USA Boxing, Inc., (formerly USA-ABF) rules.
☐ Other. Describe: _____
- Indicate the name, address and daytime telephone number of the judges you have requested the Department to approve for your show. Judges will be approved and assigned by the Department.

NAME	ADDRESS (Street, City, State, Zip Code)	DAYTIME PHONE NO.
1.		()
2.		()
3.		()

VERIFICATION OF BOXER INSURANCE

Name of Insurance Company: _____

Address of Insurance Company: _____

Amount of Coverage: Medical \$ _____ Life \$ _____

Proof of Coverage: **FOR PROFESSIONAL SHOWS ONLY:**

A Memorandum of Insurance, Certificate of Insurance or Insurance Binder, in the professional boxing club name, must be submitted to the department no later than 4:30 p.m. on the 4th business day prior to the date of the show. Failure to submit one of the documents will result in denial of the Permit.

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EVACUATION PLAN

Name of club representative responsible
for evacuating injured boxers: _____

Ambulance Service to be Used: _____

Name of Hospital to be Used: _____

Distance of Hospital from Place of Show: _____

Describe in detail how an injured boxer will be removed from the ring.

a. Is the ambulance on-site? ☐ Yes ☐ No

b. If yes, what is the proximity of the ambulance to the ring? _____

c. If yes, who is responsible to get the paramedics? _____

d. If no, who is responsible to call the ambulance? _____

e. Who is responsible to get the stretcher? _____

f. Who is responsible to clear the aisles? _____

g. Other Information: _____

CERTIFICATE OF CLUB REPRESENTATIVE RESPONSIBLE FOR EVACUATING INJURED BOXERS

I, _____ certify that I have been delegated the responsibility for implementation of the evacuation plan described in this application and that I understand the plan and that it will be implemented upon determination by the ringside physician that an injured boxer should be removed to a medical facility.

Signature of Club Representative

Date

EXECUTION OF THIS APPLICATION:

I understand that if this is an application for an amateur show, no boxer under the age of 14 may participate in this boxing show.

I hereby swear and affirm that all the answers set forth are each and all strictly true and correct to the best of my knowledge and belief. I understand that false or forged statements made in connection with this application or failure to comply with the license law or rules and regulations of the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

Name of Corporation

Signature of Corporate Officer

Date

Print Name of Corporate Officer

Title

(_____) _____

Daytime Telephone Number